



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
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DEC 19 1974

Paul Berg, Ph.D.
Department of Biochemistry
Stanford University Medical Center
Stanford, California 94305

Planned file in Stone

Dear Dr. Berg:

This responds to your letter of December 10, addressed to Dr. Stone, regarding NIH actions relative to the recommendations of the NAS committee report on recombinant DNA molecules.

It was easy to respond rapidly to your request for support of the forthcoming Asilomar conference. This was an issue solely within the control of NIH. However, in regard to the establishment of a program advisory committee to recommend studies to evaluate potential biohazards associated with DNA recombinants, and to assist in the other functions you describe for it, NIH has had to abide by the requirements of the Federal Advisory Committee Act and the rules and procedures of the Department of Health, Education and Welfare.

You have probably heard by now that the NIH Program Advisory Committee on DNA Recombinants was established by the Secretary of DHEW on October 7, 1974. More recently, the nominations of the members of the Committee have been approved, and NIH has begun the details of setting up an initial meeting to be held immediately after the Asilomar conference. We have notified the organizers of the Asilomar conference of the names of the Committee members, so that if they have not already been invited to Pacific Grove, invitations may be extended to them.

We believe that the Asilomar conference will yield information and ideas that will form the basis for the organization and recommendation of a sound program by the NIH Program Advisory Committee on DNA Recombinants. In the meantime, we have endorsed your recommendation for a moratorium on the types of projects specified in your report, and we have initiated steps to see that intramural scientists and contractors abide by the recommendations, and that grantees are cautioned similarly.

It is unfortunate that our pace in the establishment of the Committee has been slow. We could operate like the British Medical Research

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Council only if NIH acted unilaterally and without the usual attempt to gain a consensus from the non-Federal scientists who are so important in this work. I believe that this response indicates that we are now proceeding well. The business of naming, approving, and defining the mission of the Committee has been accomplished. There is no lack of interest in the subject by the NIH leadership and NIH scientists and scientist administrators.

Sincerely yours,

A handwritten signature in cursive script, reading "R. W. Lamont-Havers".

Ronald W. Lamont-Havers, M.D.
Acting Director